

FOURTH ANNUAL REPORT

OF THE

New York State Hospital

FOR THE CARE OF

Crippled and Deformed Children.

FOR THE YEAR ENDING
SEPTEMBER 30, 1904.

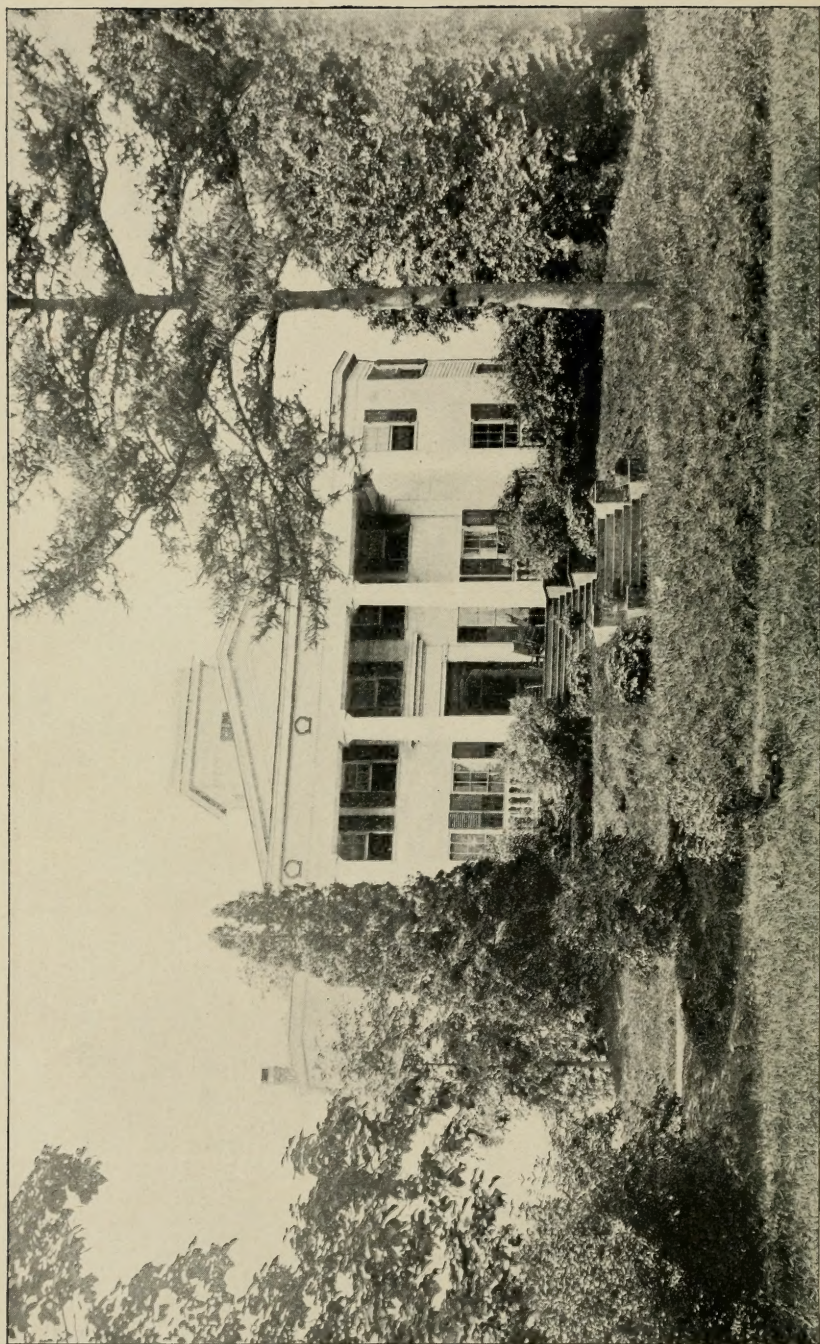
HOSPITAL LOCATED AT TARRYTOWN, N. Y.

(On or about April 1, 1905, the Hospital will occupy its newly acquired site at
West Haverstraw, Rockland County, N. Y.)

1904.

ALBANY
J. B. LYON COMPANY, PRINTERS

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THE NEW SITE OF THE NEW YORK STATE HOSPITAL FOR THE CARE OF CRIPPLED AND DEFORMED CHILDREN AT WEST HAVERSTAW,
NEW YORK.

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LOCATION OF THE HOSPITAL.

The hospital building is located at Tarrytown, N. Y., about one mile south of New York Central and Hudson River Railroad station, at Paulding avenue, on the banks of the Hudson river.

On or about April 1, 1905, the hospital will remove to West Haverstraw, Rockland county, New York. The new site is situated within convenient distance from the West Shore and Erie Railway stations.

BOARD OF MANAGERS.

Appointed by the Governor of the State.

THE RT. REV. HENRY C. POTTER, D. D.

J. HAMPDEN ROBB.

J. ADRIANCE BUSH.

GEORGE BLAGDEN, JR.

NEWTON M. SHAFFER, M. D.

Officers of the Board.

President.

THE RT. REV. HENRY C. POTTER, D. D.

Secretary and Treasurer.

GEORGE BLAGDEN, JR.

Chairman of the Executive Committee.

NEWTON M. SHAFFER, M. D.

MEDICAL STAFF.

Consulting Physicians and Surgeons.

Of the College of Physicians and Surgeons, New York City.

ROBERT F. WEIR, M. D.

FRANCIS DELAFIELD, M. D.

Of the Cornell University Medical College, New York City.

LEWIS A. STIMSON, M. D.

W. GILMAN THOMPSON, M. D.

Of the University-Bellevue Medical College, New York City.

JOSEPH D. BYRANT, M. D.

A. ALEXANDER SMITH, M. D.

Of the Albany Medical College.

A. VAN DER VEER, M. D.

SAMUEL B. WARD, M. D.

Of the Buffalo Medical College, Buffalo, N. Y.

ROSWELL PARK, M. D.

CHARLES G. STOCKTON, M. D.

Of the Long Island Medical College, Brooklyn, N. Y.

JOHN D. RUSHMORE, M. D.

JOHN A. McCORKLE, M. D.

Of the Syracuse University, Syracuse, N. Y.

JOHN A. VAN DUYN, M. D.

HENRY L. ELSNER, M. D.

REGINALD H. SAYRE, M. D., of New York city.

L. A. WEIGEL, M. D., of Rochester, N. Y.

RICHARD B. COUTANT, M. D., of Tarrytown, N. Y.

HENRY A. GATES, M. D., of Delhi, N. Y.

GRANT C. MEDILL, M. D., of Ogdensburg, N. Y.

FRANK W. SEARS, M. D., of Binghamton, N. Y.

Attending Medical Staff.

Surgeon-in-Chief.....NEWTON M. SHAFFER, M. D.

First Assistant Surgeon.....P. HENRY FITZHUGH, M. D.

Assistant Surgeon.....HENRY SCOTT, M. D.

Assistant Surgeon.....FANEUIL S. WEISSE, M. D.

Assistant Surgeon.....JOHN JOSEPH NUTT, M. D.



LITTLE WALTER AND NURSE.

EXECUTIVE OFFICERS.

SuperintendentTHE SURGEON-IN-CHIEF.

Resident Officers.

Resident Physician and Assistant Superintendent,

LEE A. WHITNEY, M. D.

Matron.....MISS GERTRUDE A. HOXIE.

StenographerMISS JESSIE WELLER.

<i>Trained Nurses.....</i>	{	MISS MARGARET HOWELL.
	{	MISS NELLIE H. MULCAHY.

Non-Resident Officer.

Bookkeeper and Storekeeper.....GEORGE M. WHITE.

MY DEAR SIR:

With this I beg to transmit to you the report of the Surgeon-in-Chief of the New York State Hospital for the Care of Crippled and Deformed Children for the year ending September 30, 1904.

This report, I would add, has been submitted to the Board of Managers and adopted and approved by them.

I am, dear Sir,

Very faithfully yours,

HENRY C. POTTER,

President.

The Hon. ENOCH VINE STODDARD, M. D., *President.*

November 15, 1904.



ONE OF THE WARDS.

Report of the Surgeon-in-Chief and Superintendent.*

To the Board of Managers of the New York State Hospital for the Care of Crippled and Deformed Children:

Gentlemen.—I have the honor to submit for your consideration a report of the work performed in your hospital for the year ending September 30, 1904.

On the first of October, 1903, all of the twenty-five beds in the wards of the hospital were occupied by patients. During the year ending September 30, 1904, seventeen new patients were admitted, making a total of forty-two patients treated during the year. These patients are classified as follows:

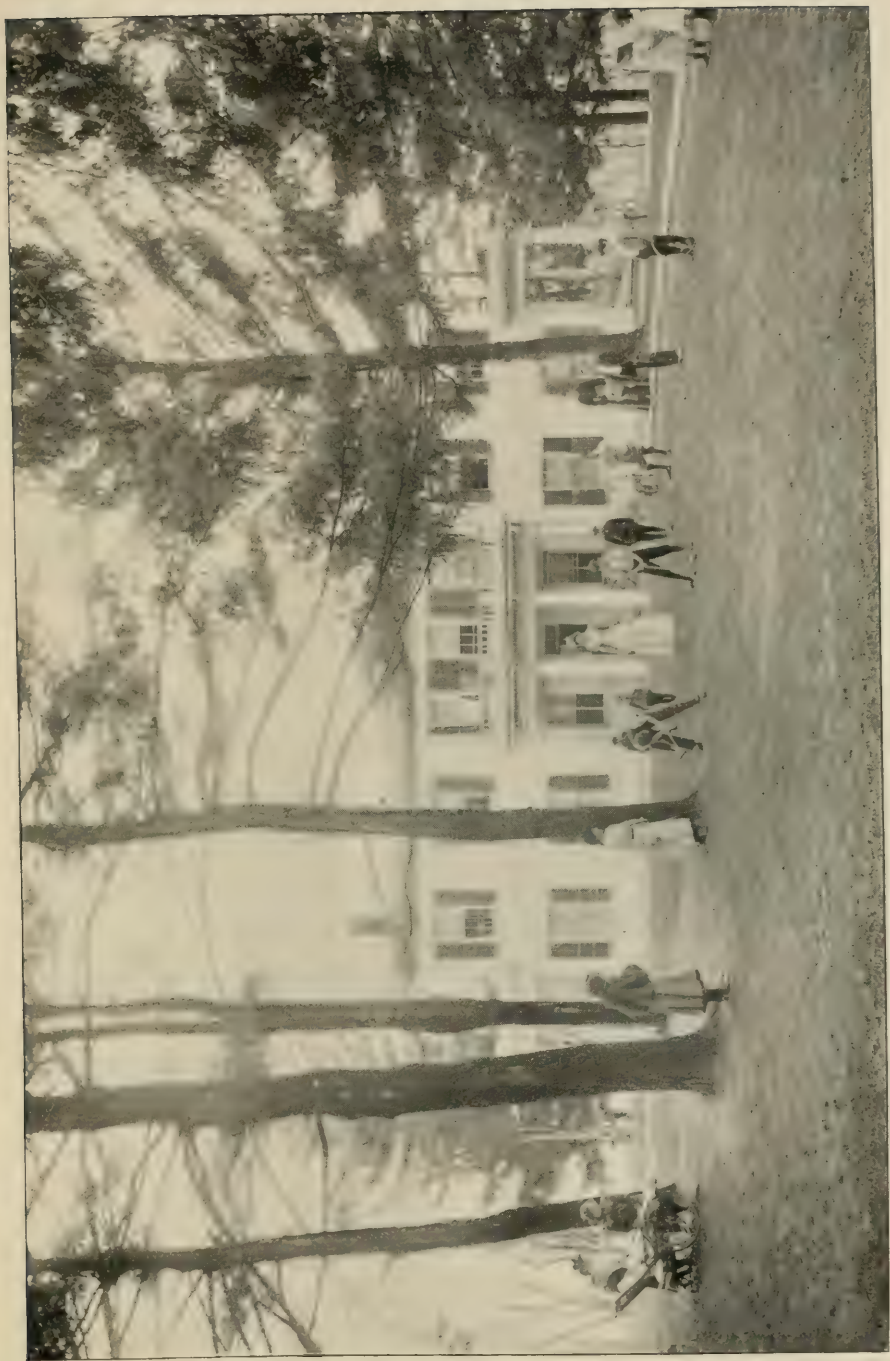
Hip-joint disease	16
White swelling (knee-joint disease).....	3
Major deformities of infantile paralysis	5
Pott's disease of the spine (humpback).....	4
Congenital dislocation of the hip.....	5
Bowlegs	2
Clubfoot (congenital).....	1
Clubfoot (acquired) due to infantile paralysis.....	6
Total	42

All of these deformities are, I think, sufficiently indicated by the well-known appellation which pretty accurately describes the condition, except those of that apparently increasing and intractable condition known as infantile paralysis. An acute affection, occurring usually in infancy, and formerly known as "teething

*Read before a stated meeting of the Board of Managers held November 14, 1904.

paralysis," its sudden onset, invading the motor tract of the spinal cord, leaves behind it a more or less extensive paralysis of the voluntary muscles from which there is likely to be a partial recovery only. But any muscle, or any group of muscles, may remain permanently paralyzed with the result that always follows a localized loss of muscular power, viz, a contraction of the opposing unparalyzed group. The consecutive deformities are sometimes the most severe of those which occur in what is known as orthopædic surgery. Of the eleven cases of infantile paralysis treated at your hospital this year, six were afflicted with paralysis of the muscles on the anterior part of the leg, followed by a gradually increasing contraction of the healthy muscles at the calf of the leg, producing an acquired clubfoot. The permanent character of the paralysis makes an actual cure impossible, especially in the late stage which presents when the patients are brought to our notice at the hospital. By dividing or stretching the contracted muscles the deformity is removed. Intelligently applied apparatus retains the deformed foot in a normal position and prevents a recurrence of the contraction. The patient is thus enabled to get about with but slight hindrance and no deformity.

The problems are simple from a surgical and mechanical standpoint in ordinary clubfoot brought about in this way. When, however, the thigh muscles are affected, or more especially when the muscles of the spine are involved, we have a much more difficult problem. Five of these patients had infantile paralysis, producing a severe grade of contraction at the hip, at the knees, or in the spine, with very extreme deformities. Three of these were unable to walk or to stand alone when they entered the hospital. The contracted muscles were divided or stretched, the



PLAYING CROQUET.

deformity removed, and apparatus applied. These patients, who would have been condemned to a life of almost absolute inactivity, at best being wheeled about in a chair, are now able to get about with comparative ease and comfort.

Seventeen patients were discharged (40.47 per cent of the number treated) during the year, leaving twenty-five in the hospital under treatment at the end of the year. Of those discharged, four with congenital dislocation of the hip and one with the clubfoot of infantile paralysis, were discharged *cured*. Four with hip-joint disease and three with the severe forms of infantile paralysis were discharged as *much improved*. It would not be a very great exaggeration to say that the most of these discharged as "much improved" were practically "cured," the improvement was so marked and the benefit conferred was so great. One with hip-joint disease and two with infantile paralysis were discharged as *improved*. This means a very considerable improvement. One, with knee-joint disease, and commencing Pott's disease (humpback) was removed by his mother in an *unimproved* condition. His knee-joint trouble (white swelling) was much better, and if the patient had remained there is no doubt that the ultimate benefit received would have been great. As a rule, however, it is not deemed expedient to receive patients with multiple tuberculous joint disease, the multiple *foci* of disease indicating a systemic infection rather than a localized expression of the disease, and the time required to secure a good result when the disease is not localized, is so long that it seems best, in the present great demand upon our resources, not to encumber the wards with patients of this class.

Of the twenty-five patients now in the hospital, one has congenital hip dislocation, eleven have hip-joint disease, four have

Pott's disease, two have white swelling (knee-joint disease), four have some deformity of infantile paralysis, two have bowlegs and one has clubfoot; and dividing them as to sex there are nine girls and sixteen boys.

Five surgical operations were performed during the year upon three patients. In each case the results of the operations were most satisfactory.

No elaborate record has been kept of the number of applicants. The demand is as great as ever, but the fact, now apparently so well known, that we have only twenty-five beds, with a long waiting list, has prevented quite a number of patients, as I know personally, from applying.

Of the forty-two treated during the year, fourteen came from New York county, six from Westchester county, three from Orange county, four from Queens county, one from Chautauqua county, one from Monroe county, one from Suffolk county, one from Chemung county, two from Putnam county, two from Cayuga county, one from Greene county, one from Ontario county, two from Rensselaer county, one from Dutchess county, one from Erie county and one from Fulton county. It will be seen from this statement that twenty-eight of the forty-two treated during the year came from counties outside of New York and Queens. It is our desire, oft repeated, and which we again state, to reach, so far as possible, the poor of the country districts, and especially those districts where no adequate provision exists for the prolonged treatment of the severer forms of chronic deformity.

Appended to this report will be found tables which show in detail the number of patients received, the diseases and conditions treated, the operations performed and the condition of each



A GROUP OF PATIENTS.

patient when discharged. To these tables I call your especial attention. They tell, better than I can in words, of the labor performed and the results obtained.

In my last annual report I referred incidentally to the pressing need of a new and much larger hospital. The Legislature of 1903 appropriated the sum of \$50,000, to secure a site and to build and equip a new hospital. After much work on the part of the State officers and your Board of Managers, and after visiting many proposed sites, it was finally decided to locate the new hospital building in West Haverstraw, Rockland county. We found at this place the three great *desiderata* which our future work very imperatively demands, viz, (1) an ample supply of water; (2) an efficient means of sewerage at tidewater, and (3) convenient railway facilities for the transportation of building materials and supplies directly to the hospital. The fifty acres which were bought are admirably located on a high ridge overlooking the Hudson river, with a railway passing on the rear of the property, practically at the same level as the site of the future hospital buildings. At very small expense a switch can be connected with the railway, which will deliver all needed material and supplies at the doors of the hospital.

Upon the site is a large building of the colonial type (see frontispiece) which at present is being remodeled to meet at least part of the increased demands upon the hospital. This building can be made to accommodate about thirty-five patients, which will be ten more than we are receiving at present. It can be used temporarily until future appropriations enable us to erect a large modern hospital, for which we now have an admirable site. When the larger hospital is erected this present house will make an excellent administration building.

The alterations to the building are progressing rapidly, and on or before the first of April, 1905 (when the lease on the Tarrytown property expires), the much needed change from our present inadequate quarters will be made.

When it is considered that it is only a little over four years ago (April, 1900) that the bill incorporating the hospital passed the Legislature, and that four years will not elapse until December 7, 1904, since the first patient was received for treatment, it will be appreciated by all concerned that your hospital was not only greatly needed, but that the State did a most wise thing in establishing it.

In addition to the States of Minnesota and Ohio, referred to in my last report as either having, or being about to establish, a hospital similar to yours, the philanthropic citizens of Chicago are taking steps to follow our example in Illinois.

During the past year the efficiency of the hospital has been enhanced by the appointment of a resident physician, who also serves as an assistant superintendent. The daily visits of the attending staff, so onerous under former conditions, have been modified in consequence. Stated visits are now made by the Surgeon-in-Chief once or twice a week and by one of the assistants twice a week, the Surgeon-in-Chief, as well as the assistants, being in readiness to go every day if for any reason the condition of any of the patients should require it.

There have been no serious acute illnesses among the patients during the year. Indeed the general health of inmates has been excellent. This has been largely due to the carefulness and watchfulness of the resident staff of officers, including the matron, who has been identified with the hospital since it was first opened. The inconveniences to which all the resident officers

have been subjected in our cramped and crowded quarters, and which have been so cheerfully borne, speaks well for their interest in both the patients and the hospital itself.

I append a list of those who have kindly remembered the hospital in donations of both material and money during the year. But for some donations in money, received in previous years, we should have been obliged to discontinue our school, for which the State as yet has made no appropriation. The donations of material have added much to the comfort of those committed to your care.

Respectfully submitted.

NEWTON M. SHAFFER, M. D.

Surgeon-in-Chief and Superintendent.

NEW YORK, *November* 13, 1904.

TABLE I.
Summary of "Continued Patients."

Case number.	Date of admission.	Age, years.	Resident county.	DISEASE.	Application made and indorsed by affidavit of—	Condition on admission as per last report.	Remarks.
1	1900. Dec. 7	7	New York....	Hip disease.....	Mother.....	Stiffness, deformity and abscess....	Good motion at joint. No pain. Leg straight. Practically cured with slight shortening.
2	Dec. 7	7	New York....	Hip disease.....	Mother.....	Thigh flexed and abducted; very painful; abscess.	Fair amount of joint motion. Position good. No pain. Abscess healed.
3	1901. April 11	9	Westchester..	Hip disease.....	Overseer of poor..	Pain and extreme deformity; abscess; unable to walk.	Very much improved. In good condition. Walks well. Slight deformity. Abscess closed. Very much improved.
4	April 17	16	New York....	Hip disease.....	Aunt and guardian	Great deformity, pain and abscesses; unable to walk.	After prolonged struggle this patient now walks about improved in every way.
5	April 23	12	New York....	Hip disease.....	Mother.....	Deformity and pain.....	No deformity. Good motion at hip. Result most satisfactory. Discharged much improved.
6	April 23	12	New York....	Hip disease.....	Mother.....	Deformity and stiffness.....	After watching the joint for four months without apparatus, patient was allowed to go home with useful limb in good position. Discharged much improved. Under observation.
7	June 21	11	Orange.....	Hip disease.....	Guardian.....	Abscess; deformity.....	Limb straight. Not much motion at joint. Wears protection splint. Goes to school. Under observation in New York. Discharged much improved.
8	1902. Oct. 30	4	New York....	White swelling (knee-joint disease).	Mother.....	Knee bent at right angle; very much swollen and acutely painful. Abscess present. In bed six months. General condition very poor.	Abscess has disappeared. Knee straight. Walks well in apparatus. Considerable motion. Great improvement.
9	Nov. 4	5	Queens.....	Hip disease.....	Mother.....	In bad condition on entrance. Large abscesses discharging profusely. In bed for seven months. Hip much deformed. Critical condition.	Great improvement. Excellent motion at joint. Abscesses closed. Practically well.
10	Dec. 9	11	Westchester...	Hip disease.....	Mother.....	Condition on entrance very bad. Deformity marked. Six abscesses. Pain and fever. In bed six months.	Abscesses closed. Good motion. No deformity. Marked improvement.

11	Dec.	17	7	Monroe	White swelling (knee-joint disease).	Superintendent of poor.	Knee much deformed, and very much swollen. Abscess. Was regarded as a hopeless case four months.	Abscess has disappeared. Good motion. Knee straight. Very much improved.
12	May	28	9	Suffolk	Hip disease.	Mother	Deformity; p. in; anaemic; disease of long duration.	Limb in good position, able to walk without apparatus. Goes to school. Under observation in New York. Much improved.
13	June	25	7	New York	Hip disease.	Mother	Hip much contracted. Disease of long duration.	General condition very much improved. Position of thigh better. Slowly improving.
14	Sept.	12	5	Chenung	Infantile paralysis.	Mother	Almost complete paralysis of lower extremities. Thigh drawn up on abdomen. Extensive muscular contraction.	With aid of apparatus patient able to get about but the extensive loss of power makes locomotion difficult. Discharged much improved.
15	Sept.	15	7	Putnam	Infantile paralysis.	Mother	Unable to walk without crutches. Extensive paralysis of lower extremities and marked muscular contraction.	Deformities overcome by operation; able to walk alone in apparatus. Very much improved. Discharged much improved.
16	Sept.	30	5	Westchester	Pott's disease.	Guardian	Abscess and deformity. Fever and debility. In bad condition.	After a severe struggle patient is improving. Abscesses discharging. Is up and about.
17	Jan.	28	6	Cayuga	Pott's disease.	Mother	Much deformity and pain. Marked muscular contraction. Abscess.	Abscess much reduced in size. Deformity unchanged. General condition much improved.
18	Feb.	27	13	New York	Hip disease.	Mother	Right leg three inches shorter than left. Walked with aid of crutches. Eight years' duration. Very marked deformity. Joint stiff.	On account of an inveterate skin disease patient was discharged. Deformity very much improved. Discharged improved.
19	April	21	2	Westchester	Pott's disease.	Grandmother	Pain. Head twisted to one side. In poor condition.	Head in better position. Has been ill, fever and pain. Is now improving.
20	April	30	6	Chautauqua	Infantile paralysis.	Mother	Thighs contracted. Legs absolutely useless. Operation on both legs. Unable to stand alone.	Deformities removed by operation. Able to walk alone in apparatus. Very much improved.
21	June	20	4	Westchester	White swelling (knee joint disease.) Pott's disease.	Mother	Deformity. Extensive disease. Very sensitive joint. Abscess. Leg flexed on thigh to nearly right angle.	Patient removed by mother. While a good result was promised if the patient had remained, the nature of the multiple joint condition made a removal almost certain failure. Reports indicate that he has become worse since discharge. Discharged unimproved. Cured. Walks well. Goes to school.
22	July	14	9	New York	Congenital dislocation of hip.	Mother	Congenital dislocation right hip joint. Operated on by Dr. Lorenz at Cornell clinic in 1902.	Cured. Walks well. Goes to school.
23	July	14	7	New York	Congenital dislocation of hip.	Mother	Congenital dislocation left hip joint. Operated on by Dr. Lorenz at Cornell clinic in 1902.	Is kept recumbent. Deformity persistent. Night cries. Is improving slowly.
24	July	22	7	Putnam	Hip disease.	Mother	Very painful joint. Abducted and flexed. Unable to use limb.	Apparatus applied. Patient discharged improved.
25	Sept.	28	8	Greene	Infantile paralysis. Clubfoot.	Mother	Both tendo-Achilles shortened.	

TABLE No. II.—(Continuation of Table No. I.)
Summary of new patients received during the year.

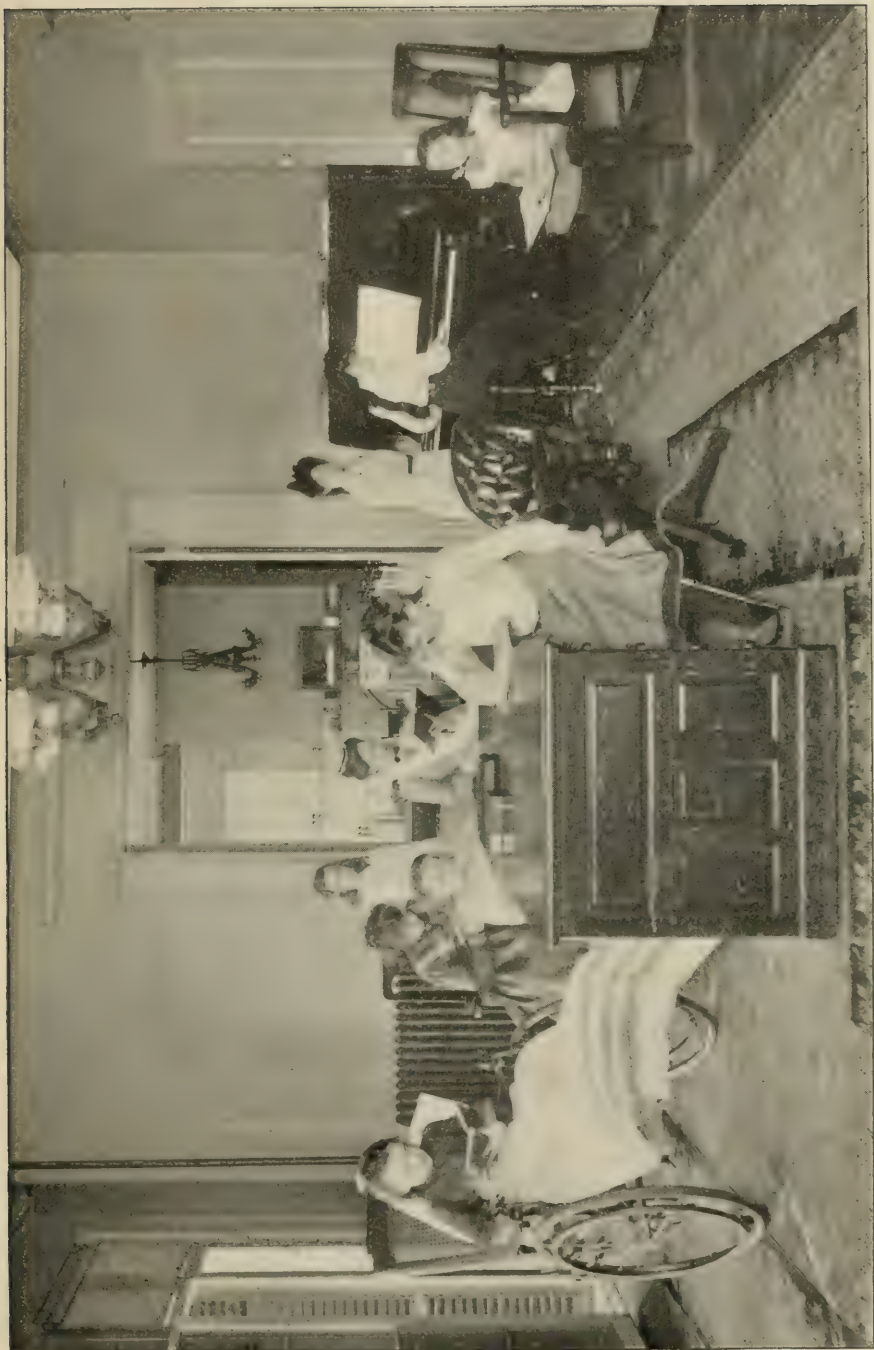
Case number.	Date of admission.	Age when admitted.	Resident county.	DISEASE.	Application made and indorsed by affidavit of	Condition on admission.	Remarks.
26	1903 Oct. 10	10	Queens	Hip disease	Mother	Right leg one-half inch shorter than left. Very little motion in any direction of hip joint. Duration, five years. Beginning, abscess. One-fourth inch shortening of left leg. Marked limp. Slight flexion and 45° abduction. Head firmly in acetabulum.	Is treated in bed on inclined plane. Abscess is persistent. General condition good.
27	Oct. 13	6	New York	Congenital hip dislocation.	Mother	Re-admitted to have new brace adjusted and observation.	Cured. Walks well.
28	Oct. 13	15	Ontario	Infantile paralysis (clubfeet).	Superintendent of poor.		Discharged much improved. Walks about in apparatus. Could easily learn some trade if opportunity offered.
29	1904 Jan. 5	11	Queens	Congenital dislocation of the hip.	Mother	Came for treatment after operation. One-half inch shortening of right limb. Some abduction. Marked limping. Head firmly in acetabulum.	Cured. Walks well.
30	Jan. 19	12	Queens	Hip disease	Mother	Two and one-half inches shortening of right limb. Marked muscular spasms. Very limited motion.	Treated in bed. Position of limb improving. General condition good.
31	June 8	9	Orange	Infantile paralysis (clubfeet).	Father	One-fourth inch shortening of left limb. Marked contraction left tendo-Achilles. Less right. Duration from early childhood.	Operation. Discharged with deformity cured. Walks well.
32	June 11	11	Rensselaer	Infantile paralysis (clubfoot).	Mother	Two inches shortening of right limb. Marked contraction of right tendo-Achilles. Duration, nine years.	Deformity cured. Walks well in apparatus.
33	June 19	4	Orange	Clubfoot.	Father	Marked equino-varus of right foot. Very rigid. Congenital.	Deformity wholly overcome.
34	June 22	10	Cayuga	Bowlegs	Superintendent of Charity and mother.	Very marked bowlegs with a sharp curve just above ankles.	Under mechanical treatment. Improving.

35	June	26	5	New York....	Hip disease.....	Father.....	Some spasm of muscles about left hip. Limited motion. No ab- scess.	Position of limb improved. Treated in bed.
36	July	16	12	New York ...	Congenital hip dislo- cation.	Mother	Two and three-fourths inches short- ening left limb. Head posterior to acetabulum. Trochanter on level with anterior superior spine. Very rigid joint.	Limb brought down over one inch by traction. Motion returning to joint. Improved very much.
37	July	18	11	Dutchess.....	Pott's disease and tu- bercular wrist.	Father.....	Pott's disease of lower dorsal. Also tubercular swelling of left wrist.	Improving. Wrist much better. Spine well supported in apparatus.
38	Aug.	9	13	Eric	Infantile paralysis (clubfoot).	Superintendent of Poor.	Lower extremities very much atro- phied. Left knee and ankle anky- losed; result of operation. Right partly so. Almost entire loss of muscular power.	Apparatus applied with much benefit.
39	Aug.	11	4	Fulton	Bowlegs	Father.....	Bowlegs; marked bowing between knee and ankles.	Under mechanical treatment. Improv- ing.
40	Sept.	6	4	Westchester ..	Infantile paralysis....	Guardian	Paralysis of left leg, with slight atrophy. Duration about four months.	Discharged improved. Walks well.
41	Sept.	24	9	New York....	Extensive infantile paralysis with marked lateral cur- vature of the spine.	Father.....	Very thin; extremely weak; cannot stand without crutches. Lateral curvature.	Mechanical treatment is producing good results.
42	Sept.	29	10	Rensselaer....	Infantile paralysis (clubfoot).	Mother	Paralysis of right leg; one inch shortening. Toedrop dragging of foot. Marked limp.	Much improved by mechanical treat- ment.

TABLE NO. III.

*List of Surgical Operations Performed During the Year Ending
September 30, 1904.*

Case number.	Age.	Date.	DISEASE.	Operation.	Remarks.
31	9	1904. June 16	Infantile paralysis. Club-foot.	Divided left tendo-Achilles and forcibly stretched ri. ht.	Operation. Discharged with deformity cured. Walks well.
32	11	June 16	Infantile paralysis. club-foot.	Divided right tendo-Achilles and forcibly stretched the plantar lig. ments.	Deformity cured. Walks well in apparatus.
33	4	June 23	Rigid Clubfoot	Division of right tendo Achilles and of the plantar fascia and ligaments, with forcible manipulations.	Much improved by operation. Foot made straight.
33	4	Aug. 16	Clubfoot.....	Forcible manual manipulation to stretch fasciæ and ligaments.	Further improvement in mobility and position.
33	4	Sept. 10	Clubfoot.....	Above operation repeated.	Deformity entirely overcome.



IN THE SITTING ROOM.

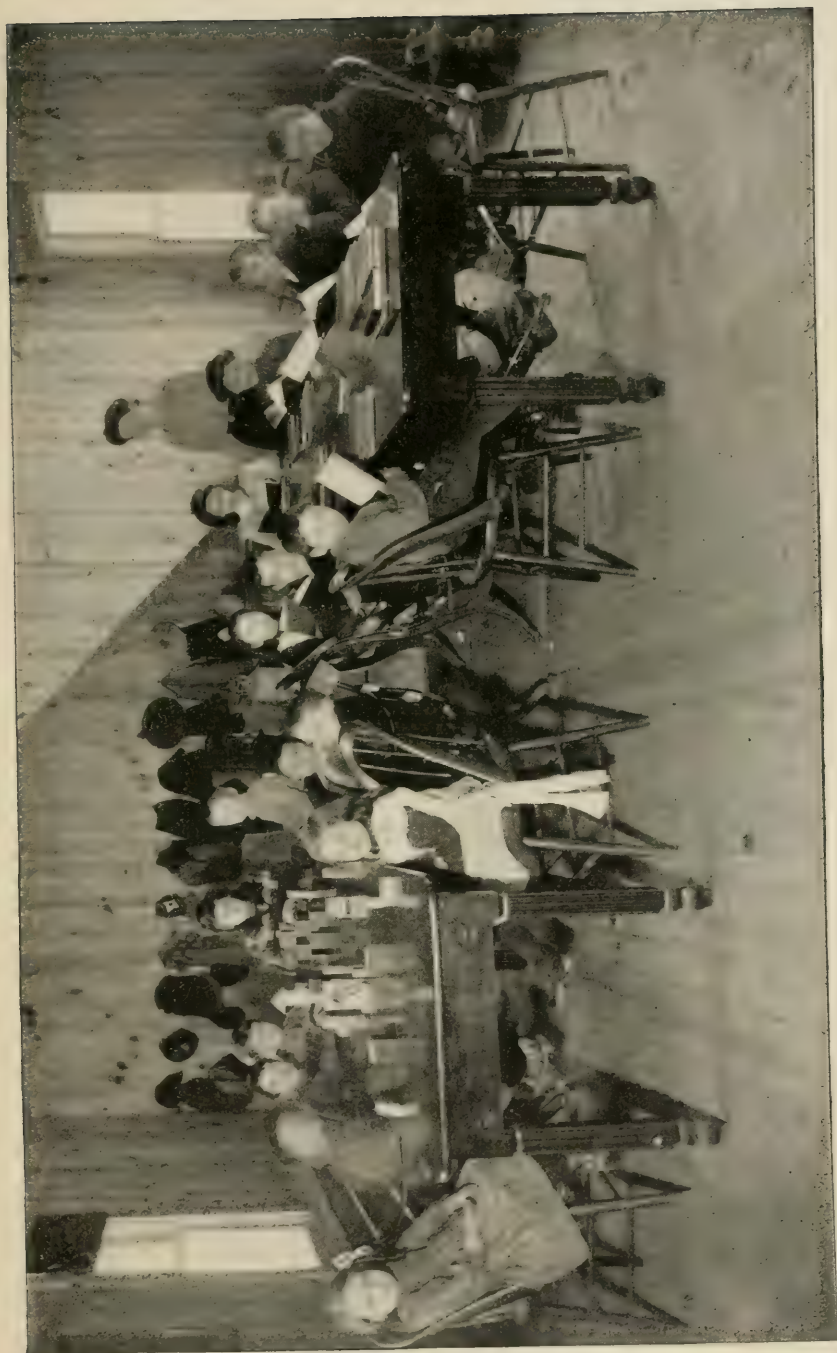
TABLE NO. IV.

Summary of Discharged Patients for the Year Ending September 30, 1904.

Case number.	DISEASE.	Condition on admission.	Condition on discharge.
5.	Hip disease.	Deformity and pain.	No deformity. Good motion at hip. Result most satisfactory. Discharged much improved.
6.	Hip disease.	Deformity and stiffness.	After watching the joint for four months without apparatus, patient was allowed to go home with useful limb in good position. Discharged much improved. Under observation.
7.	Hip disease.	Abscess and deformity.	Limb straight. Not much motion at joint. Wears protection splint. Goes to school. Under observation in New York. Discharged much improved.
8.	Hip disease.	Deformity; pain, very anaemic. Disease of long duration.	Limb in good position, able to walk without apparatus. Goes to school. Under observation in New York. Much improved.
14.	Infantile paralysis.	Almost complete paralysis of lower extremities. Thigh drawn up on abdomen. Extensive muscular contraction.	With aid of apparatus patient able to get about, but the extensive loss of power makes locomotion difficult. Discharged much improved.
15.	Infantile paralysis.	Unable to walk without crutches. Extensive paralysis of lower extremities, with marked muscular contraction.	Deformities overcome by operation; able to walk alone in apparatus. Very marked improvement. Discharged much improved.
17.	Hip disease.	Right leg three inches shorter than left. Very marked deformity; joints stiff. Eight years duration. Walked with aid of crutches.	On account of an inveterate skin disease, patient was discharged. Deformity very much improved. Discharged improved.
20.	Infantile paralysis.	Thighs contracted; legs absolutely useless; unable to stand alone. Operation on both legs.	Deformities removed by operation. Able to walk alone in apparatus. Very much improved.
21.	Knee joint and Pott's disease.	Deformity; extensive disease; very sensitive joints. Abscess of knee; leg flexed on thigh to nearly right angle. Pott's disease in early stage.	Patient removed by mother. While a good result was promised if the patient had remained, the nature of the multiple joint condition made a removal almost certain failure. Reports indicate that he has become worse since discharged. Discharged unimproved.
22.	Congenital dislocation of hip.	Congenital dislocation of right hip joint. Operated on by Dr. Lorenz at Cornell clinic in 1903.	Cured. Walks well. Goes to school.
23.	Congenital dislocation of hip.	Congenital dislocation of left hip joint. Operated on by Dr. Lorenz at Cornell clinic in 1903.	Cured. Walks well. Goes to school.
25.	Infantile paralysis (clubfoot).	Born tendo-Achilles slightly shortened. Feet held in slight equino-varus.	Apparatus applied. Patient discharged improved.
27.	Congenital dislocation of hip.	One-fourth inch shortening of left leg; marked limp; slight flexion and about 45° abduction. Head firmly in acetabulum.	Cured. Walks well.

TABLE No. IV—(Concluded).

Case number.	DISEASE.	Condition on admission.	Condition on discharge.
25.....	Infantile paralysis (clubfeet).....	Re-admitted to have new brace adjusted and observation. In same condition as when discharged July 21, 1903.	Discharged much improved. Walks about in apparatus. Could easily learn some trade if opportunity offered.
26.....	Congenital dislocation of hip	One half inch shortening of right limb. Some abduction. Head firmly in acetabulum. Marked limping.	Cured. Walks well.
31.....	Infantile paralysis (clubfeet)	Left limb one-fourth inch shorter than right. Marked contraction of left tendo-Achilles. Slight contraction of right tendo-Achilles. Duration from early childhood.	Operation. Discharged with deformity cured. Walks well.
41.....	Infantile paralysis	Paralysis of left leg; slight atrophy; duration about four months.	Discharged improved. Walks well.



AT SCHOOL.
On the left side are the Kindergarten scholars, on the right the more advanced students.

Donations to the Hospital of Clothing, Materials, Etc.

1903.

- Oct. 12. Miss Caroline Spiro, 1 spinal assistant, and 5 aprons,
1 ankle brace.
- Oct. 30. H. L. R. Edgar, 4 dresses, 4 skirts, 3 waists, 1 band.
- Nov. 3. Dobbs Ferry Branch Needlework Guild of America,
10 heavy undershirts, 4 pairs heavy underdrawers,
6 sacques, 1 shirt, 1 dressing sacque, 3 pairs drawers,
5 shirtwaists, 12 pairs stockings, 2 dresses.
- Nov. 3. Maltine Co., 1 dozen bottles Maltine preparations.
- Nov. 11. Miss Caroline Spiro, box for Christmas, containing
4 scrapbooks filled, 1 book, 5 Brownie dolls, 1 large
doll, 5 silk bags, 1 needlebook, 2 cloth kittens.
- Nov. 20. Tarrytown Branch Needlework Guild of America, 9
petticoats, 12 pillow cases, 15 pairs stockings.
- Nov. 21. Mrs. H. R. Frost, 1 cloak, 1 coat, 1 dress, 1 shirtwaist,
3 caps, 1 underwaist, pictures.
- Nov. 23. Mrs. H. R. Frost, 7 pairs socks, 1 dress skirt.
- Nov. 26. Mrs. Newton M. Shaffer, ice cream for all the inmates.
- Dec. 1. A. W. Brodhead, 3 spinal assistants and aprons.
- Dec. 9. Mrs. Frederick Bull, 1 large rocking-horse, 3 large
boxes of miscellaneous books, toys, games, etc.
- Dec. 22. Miss Marion R. Pratt, 25 Santa Claus boxes of candy.
- Dec. 24. Miss Anna R. Bush, 25 Christmas stockings filled, 36
packages of candy, ice cream for all the inmates.
- Dec. 24. Russell & Lawrie, 5-pound box of candy.

- Dec. 24. Mrs. F. L. M. Masury, 4 boys' suits, 2 pairs pants, 7 pairs stockings, 3 caps, 1 necktie, 1 pair rubber boots, 3 pairs shoes, 10 pair linen pants, 3 linen coats, 8 underwaists, 2 pair suspenders, 2 pair hose supporters, 4 suits underwear, 1 handkerchief.
- Dec. 24. Dr. R. B. Coutant, 13 new books.
- Nov. 25. W. E. Doyle, 1 barrel toys.
- Dec. 25. Miss Mabel Welsh, fancy ice cream and cake.
- Dec. 25. W. C. T. U., Hancock, N. Y., package pictures and cards.
- Dec. 25. Miss D. P. Partelow, 25 Christmas gifts.
- Dec. 25. Miss Vincey Foote, "Youth's Companion," 1 year's subscription.
- Dec. 25. Dr. Newton M. Shaffer, \$13 cash for Christmas toys, ice cream, etc.
- Dec. 25. Entertainment given by the Misses Ewing and Kohly, followed by Christmas tree from Mrs. Gen. Chas. Ewing, Mrs. Lord, Mrs. Reynard, Mrs. McElroy, Mrs. Depmer contributing gifts.
- Dec. 31. Miss Mabel Welsh, 1 new suit boy's clothes.
- 1904.
- Jan. 7. Miss Anna R. Bush, sleighride, for all the children.
- Jan. 8. R. H. & J. D. Trask, package of "Youth's Companions," 4 books, box toys, etc.
- Jan. 12. Mrs. Frederick H. Hatch, 4 pajama suits, 4 undershirts.
- Jan. 14. Miss Anna R. Bush, team and sleigh to take children for ride.
- Jan. 27. Mrs. August Becker, 1 brace.
- Feb. 5. Mrs. Harman H. Nathan, \$20 cash for clothes, etc.

- Feb. 14. Dr. Newton M. Shaffer, ice cream.
- Feb. 19. Mrs. Thomas Black, 1 new blouse suit, 2 suits combination underwear, 5 pairs pants, 1 velvet jacket, 7 blouse waists, 1 cape, 6 boxes graham crackers.
- Feb. 23. Dr. Barron, 2 boxes toys.
- March 3. Miss F. Ayers, box of home-made doughnuts.
- March 3. Mrs. Mary Campbell, 5 wrappers, 2 dresses, 1 apron, 4 pairs drawers.
- March 5. Miss S. Nichols, large basket magazines and papers.
- March 7. "One Afternoon Club," New Berlin, N. Y., 7 dolls, 4 balls, papers.
- March 11. Miss Isoline H. Geisse, bundle magazines.
- March 12. Sunday School, Faust Presbyterian church, Faust, N. Y., bundle papers.
- March 25. Mrs. J. C. Hand, 4 shirtwaists, 1 dress, 9 pair linen pants, 1 cap, 1 pair shoes, 1 box ribbons, neckties and collars, 1 jewelry box, 3 books, 2 games, 1 year's "Saturday Evening Post," 1 pail cookies.
- March 25. Mrs. Adams, 1 box cookies, 1 can jelly.
- March 28. Smith, Kline & French Co., ½ dozen bottles Eskay's food.
- April 2. Mrs. Margaret Dwyer, 3 dozen fresh eggs.
- April 2. Mrs. Thomas Black, 25 oranges, 25 chocolate eggs, 25 chocolate rabbits, 2 boxes candy, 2 layer cakes.
- April 2. Miss Anna R. Bush, ice cream and cake, 40 baskets candy and Easter eggs.
- April 2. Mrs. Newton M. Shaffer, 25 Easter plants.
- April 19. Miss Violet Gunther, 1 box wooden toys, 3 boxes paper dolls, 2 games Kan-u-Katch.

- April 19. Faust Pres. Church Sunday School, large box magazines and papers.
- April 26. Mrs. H. R. Frost, 5 girls' dresses, 1 pair pants.
- May 1. Smith, Kline & French Co., 6 bottles Eskay's food.
- May 25. Mrs. V. E. Macy, 1 toy set garden tools, 1 large stuffed goat, 1 stuffed rabbit, 1 box marbles, 1 Jack-in-the-Box, 1 package toys, 3 baskets.
- June 1. Mrs. H. R. Frost, 3 pairs pants, 1 pair shoes, 1 pair stockings, 1 boy's shirt, 1 boy's underwaist, 1 boy's blouse waist, pictures.
- June 18. Mr. George C. Rand, 1 cabinet phonograph with portable batteries and 150 records.
- June 19. Mr. George Blagden, Jr., \$10 for fireworks, ice cream, etc.
- June 19. Dr. Newton M. Shaffer, \$10 for fireworks, ice cream, etc.
- June 21. Mrs. H. R. Frost, 1 boy's overcoat.
- June 22. The Misses Williamson, 97 books, 2 sets croquet, 1 set ping pong, 1 cabinet stereoscope, 1 toy wagon and wheelbarrow, 6 afgans, 1 set building blocks, 1 pantograph, 1 toy bedroom set, 1 toy parlor set, 6 games angling, large basket of small toys and souvenirs.
- July 4. Miss Mabel Welsh, ice cream and cake.
- July 11. Mrs. Eddows, 1 book, 3 boxes beads.
- July 11. Mrs. E. L. Coster, basket vegetables.
- July 21. Mrs. Eddows, 1 large doll and material to make dresses, 1 box marbles, 1 basket cucumbers.
- July 25. Mrs. E. L. Coster, large basket vegetables.
- Aug. 5. Mrs. E. L. Coster, basket vegetables.

- Aug. 18. Mrs. E. L. Coster, basket vegetables.
- Aug. 19. Thomas Dickinson, basket vegetables.
- Aug. 19. "Woody Crest," basket vegetables.
- Aug. 25. Miss Warren, 1 new hammock.
- Aug. 26. "Robbins' Nest," basket vegetables.
- Aug. 31. "Woody Crest," basket vegetables.
- Sept. 3. Thomas Dickinson, basket vegetables.
- Sept. 7. "Woody Crest," basket vegetables.
- Sept. 7. Gertrude Hoxie, 2 barrels apples.
- Sept. 23. Band of Mercy, Essex Junction, books and magazines.
- Sept. 23. Mrs. Eddows, $\frac{1}{2}$ bushel grapes.
- Sept. 23. Mrs. Roswell Skeel, $\frac{1}{2}$ bushel pears.
- Sept. 30. Mrs. Roswell Skeel, $\frac{1}{2}$ bushel pears.
- Sept. 30. Rev. I. C. White, 1 bushel crabapples, 1 bushel apples.
- Sept. 30. Mrs. Eddows, large basket grapes.
- Sept. 30. Dr. R. B. Coutant, "St. Nicholas" for 1 year.

NOTE.

For the information of those interested, the following rules governing the admission of patients, and the forms of affidavit, are appended. Affidavit blanks will be forwarded upon application to the Surgeon-in-Chief, New York State Hospital for the care of Crippled and Deformed Children, Tarrytown, N. Y.

RULES AND REGULATIONS

GOVERNING THE ADMISSION OF PATIENTS TO

New York State Hospital for the Care of Crippled and Deformed Children.

The New York State Hospital for the Care of Crippled and Deformed Children, established by the Legislature of 1900, is now open for the reception and treatment of patients.

The hospital was established "for the care and treatment of any indigent children who may have resided in the State of New York for a period not less than one year, who are crippled or deformed, or are suffering from a disease from which they are likely to become crippled or deformed."

The following conditions are imposed upon all applicants: "No patient shall be received except upon satisfactory proof made to the Surgeon-in-Chief, by the next of kin, guardian, or a State, town or county officer, under the rules to be established by the Board of Managers, showing that the patient is unable to pay for private treatment. Such proof shall be by affidavit. If there was an attending physician before the patient entered the hos-

pital, it shall be accompanied by the certificate of such physician giving the previous history and condition of the patient."

Patients from four to sixteen years of age will be received for treatment, and all applications will be acted upon in the order of their reception. No patient will be admitted without an examination by, and a certificate from, the Surgeon-in-Chief, or in his absence, one of his assistants.

No patient whose condition is such that death is likely to occur in the immediate future, or whose condition precludes a reasonable amount of relief as the result of treatment, will be admitted.

As this institution is a hospital, and not an asylum or home, it should be clearly understood by each applicant that the patient, if received, may be returned to the committing institution, parent or guardian at the discretion of the Surgeon-in-Chief.

It would aid the Surgeon-in-Chief very much in deciding upon the eligibility of a proposed candidate for admission, if, in addition to a written statement, giving the past history and present condition of the applicant, a photograph showing clearly the nature and location of the deformity should accompany the application.

Application for admission should be made to Dr. Newton M. Shaffer, Surgeon-in-Chief, No. 28 East Thirty-eighth street, New York, who will appoint a time and place for the examination of the patient. Patients living at remote points in the State are referred to the following gentlemen (out of town members of the consulting staff): Dr. A. Vander Veer and Dr. S. B. Ward, of Albany, N. Y.; Dr. Louis A. Weigel, Rochester, N. Y.; Dr. Roswell Park and Dr. Charles G. Stockton, Buffalo, N. Y.; Dr. Richard B. Coutant, Tarrytown, N. Y.; Dr. J. Van Duyn and

Dr. Henry L. Elsner, Syracuse, N. Y.; Dr. Henry A. Gates, Delhi, N. Y.; Dr. Grant C. Medill, Ogdensburg, N. Y.; Dr. Frank W. Sears, Binghamton, N. Y.

Approved by the State Board of Charities and issued by order of the Board of Managers of the Hospital.

AFFIDAVIT BLANK

FOR PARENTS AND GUARDIANS.

To NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,

No. 28 EAST 38TH STREET, NEW YORK.

STATE OF NEW YORK, }
COUNTY OF..... } ss.:

..... being duly sworn, says that is
the of aged years; that the said
..... is suffering from.....; that has
resided in the State of New York for over one year, and that
I as am unable to pay for private treatment for the
said

Name.....

Residence.....

.....

And further this deponent says not.

Sworn to before me this day of 190

AFFIDAVIT BLANK

FOR STATE, COUNTY OR TOWN OFFICERS.

To NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,
No. 28 EAST 38TH STREET, NEW YORK.

STATE OF NEW YORK, }
COUNTY OF..... } ss.:

..... being duly sworn says that he
is the officer, in the of
....., New York State; that he is acquainted with the
position and circumstances of.....; that the said
..... is years of age; that
is suffering from; that has resided in the
State of New York for over one year and that is unable to
pay for private treatment for condition.

Name.....

Residence

.....

And further this deponent says not.

Sworn to before me this day of 190

